

Health Update: Methicillin-Resistant *Staph aureus* (MRSA) Infection, 19 OCT 2007

Background: A recent study of invasive MRSA infections in 9 locations in the US (none in Washington) during 2004-05 has led to an increased awareness of this infection.¹ In this study, about 85% of all invasive MRSA infections were associated with healthcare, and of those, about two-thirds occurred outside of the hospital, while about one third occurred during hospitalization. About 14% of all the infections occurred in persons without obvious exposures to healthcare (Community-associated MRSA, CA-MRSA) and the rate of CA-MRSA varied among the study communities from 1.6-29.7/100,000. The following guidance supplements that issued by Public Health in 2003 and 2004.

Action requested:

- Consider MRSA infection in patients with community-acquired skin and soft tissue infections and in patients with invasive disease compatible with *S. aureus* infection (I.e., sepsis syndrome, pneumonia, pyomyositis, bone and joint infections).
- Obtain bacterial cultures and antimicrobial sensitivity testing
- Empiric treatment of suspected invasive or severe *S. aureus* infections should include coverage for MRSA until results of culture and susceptibility testing are available
- For non-severe suspected MRSA in outpatients requiring antibiotic therapy consider empiric treatment active against MRSA infections, particularly in settings where MRSA is frequent
 - Consider trimethoprim-sulfamethoxazole, doxycycline, or clindamycin for empiric outpatient treatment of skin and soft tissue infections
 - Beta-lactams, fluoroquinolones and macrolides are not recommended for empiric treatment of MRSA infections
 - Incision and drainage (I & D) of abscesses should be done whenever possible. For mild uncomplicated abscesses, local wound care including I & D without antibiotic use is a reasonable treatment option.
 - **See references below for important additional information on treatment, laboratory testing and infection control measures for CA-MRSA**
- Encourage influenza vaccination to decrease the risk for post-influenza MRSA pneumonia
- Report outbreaks of MRSA to Public Health at 206-296-4774

For information regarding treatment and management of CA-MRSA, including infection control measures to prevent transmission, see:

- Interim Guidelines for Evaluation & Management of Community-Associated MRSA SSTI in Outpatient Settings, available at:
<http://www.metrokc.gov/health/providers/epidemiology/MRSA-guidelines.pdf>
- CDC: Strategies for Clinical Management of MRSA in the Community, available at:
http://www.cdc.gov/ncidod/dhqp/pdf/ar/CAMRSA_ExpMtgStrategies.pdf
- MRSA Fact Sheet for Patients: <http://www.metrokc.gov/health/prevcont/mrsa.htm>

¹ *Journal of the American Medical Association* 2007;298(15):1763-1771 (<http://jama.ama-assn.org/>)